

HORMONE THERAPY ORDER FORM



2218 S Jog Rd, Greenacres, FL 33415
Phone: 833-PREVKIT(773-8507) or 561-729-0857
Fax: 561-516-8507

Patient Name: _____
Address: _____ City: _____ State: _____ Zip: _____
DOB: _____ Allergies: _____
Phone Number: _____

For new patients Fax current insurance information with Rx

Doctor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
DEA# _____ NPI # _____
Office Contact Person: _____ Office Phone: _____

Female Hormones

- Bi-Est:** Ratio: 80/20 70/30 50/50 Dose 0.625 mg 1.25 mg 2.5 mg ____mg
- Progesterone:** 50 mg 100 mg ____ mg
- Testosterone:** 1 mg 2 mg 4 mg ____mg
- DHEA:** 5 mg 10 mg
 Sig: Apply QD BID _____ Dispense # ____ Refills _____
- Progesterone capsules:** 50mg 100mg 200mg ____ mg
 Sig: 1 po q HS Dispense # ____ Refills _____
- Progesterone in oil:** 35 mg 50 mg ____ mg
 Sig: 1 ml q HS Dispense # ____ Refills _____
- Progesterone Topical Cream:** 10mg/Gm to 100mg/GM Dispense # _____ Refills _____
 Sig: Apply QD BID _____ Dispense # ____ Refills _____
- Other:** _____
Sig: _____ Dispense # ____ Refills _____

Male Hormones

- Testosterone 1% cream**
 Sig: Apply QD BID _____ Dispense # ____ Refills _____
- Estriol/Estradiol (80%/20%) 1 mg/Gm/Testosterone 1 mg/Gm cream**
 Sig: Apply QD BID _____ Dispense # ____ Refills _____
- Other:** _____
 Sig: _____ Dispense # ____ Refills _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

Please fax completed form to **561-516-8507**